

DATE: January 29, 2020

N.L.: XX-XXXX

Index: EPSDT

TO: All County California Children's Services Program Administrators, Medical Consultants, Nursing Staff, and State Integrated Systems of Care Division Staff

SUBJECT: Early and Periodic Screening, Diagnostic, and Treatment – Private Duty Nursing Case Management Services

PURPOSE

The purpose of this Numbered Letter (NL) is to clarify the California Children's Services (CCS) county programs' obligations related to the provision of case management services for Private Duty Nursing (PDN) services that have been approved for CCS members under the age of 21 pursuant to the Medi-Cal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

BACKGROUND

EPSDT is a Medi-Cal benefit that provides a comprehensive array of preventive, diagnostic, and treatment services; including, but not limited to, case management, for individuals under than 21 years of age, as set forth in the Social Security Act (SSA), Section 1905(r) and Title 42 of the United States Code (USC), Section 1396d(r).1,2. In California, the EPSDT benefit is established in Welfare and Institutions Code (WIC) Section 14132(v).3. State law provides that for individuals under 21 years of age, a service is medically necessary or a medical necessity if it meets the standards set forth in 42 USC, Section 1396d(r)(5). The EPSDT requirements apply to CCS services, including PDN services, because the CCS program is included as a Medi-Cal waiver program under California's section 1115(a) Demonstration (11-W-00193/9), entitled "California Medi-Cal 2020 Demonstration."

¹ SSA, Section 1905 is available at: https://www.ssa.gov/OP_Home/ssact/title19/1905.htm

² 42 USC, Section 1396d is available at:

[http://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396d%20edition:prelim](http://uscode.house.gov/view.xhtml?req=(title:42%20section:1396d%20edition:prelim)

³ See WIC Section 14132(v), available at:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.&lawCode=WIC

For some CCS members, PDN services may be medically necessary. PDN services are nursing services provided in a member's home by a registered nurse (RN) or licensed vocational nurse (LVN) for a member who requires more individual and continuous care than what would be available from a visiting nurse.⁴ RNs and LVNs providing PDN services to CCS members must either be Medi-Cal enrolled as individual providers who offer PDN services independently, or they may offer services through a Medi-Cal enrolled home health agency.⁵ A home health agency is a state-licensed public or private organization that provides in-home skilled nursing services.⁶

In some cases, CCS authorizes PDN services for CCS members. In other cases, a Managed Care Health Plan (MCP) may have approved a child who is a member of both CCS and the MCP to receive PDN services for a non-CCS condition. In yet other cases, a CCS member may be approved by fee-for-service Medi-Cal to receive PDN services for a non-CCS condition. For CCS counties participating in the CCS Whole Child Model program, the MCP authorizes PDN services for both CCS covered conditions and non-CCS covered EPSDT conditions.

POLICY

Private Duty Nursing Case Management Responsibilities

All county CCS programs are required to provide, upon the request of a CCS eligible Medi-Cal beneficiary who is EPSDT eligible and for whom PDN services have been approved, case management services to arrange for all approved PDN services, whether or not CCS is financially responsible for the PDN services.

If CCS approves the PDN services for a Medi-Cal eligible CCS member under the age of 21, CCS is primarily responsible for providing case management to arrange for all approved PDN service hours. If another entity, such as an MCP, has authorized PDN services and is primarily responsible for providing case management for those PDN services, the CCS program must, at the member's request, provide case management as necessary to arrange for all approved PDN services. In meeting this obligation, the county CCS program shall use one or more Home Health Agencies (HHA), Individual Nurse Providers (INP), or any combination thereof.

Case management services include, but are not limited to:

⁴ See Title 42 of the Code of Federal Regulations (CFR), Section 440.80, available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=2888566bb0df8b362250dc4c2a3311ab&mc=true&node=pt42.4.440&rqn=div5#se42.4.440_180

⁵ For more information about provider enrollment, <https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>

⁶ See Health and Safety Code Section 1727, available at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1727.&lawCode=HSC

- Providing the CCS member with information about the number of PDN hours the member is approved to receive;
- Contacting enrolled HHAs and/or enrolled INPs to seek approved PDN services on behalf of the CCS member;
- Identifying and assisting potentially eligible HHAs and INPs with navigating the process of enrolling to be a Medi-Cal provider; and
- Working as needed with HHAs and enrolled INPs to jointly provide PDN services to the CCS member.

CCS members may choose not to use all approved PDN service hours, and CCS programs are permitted to respect the member's choice. CCS programs must document instances when a CCS member chooses not to use approved PDN services. When arranging for the CCS member to receive authorized PDN services, CCS programs must document all efforts to locate and collaborate with providers of PDN services and with other entities, such as MCPs.

Policies and Procedures

The CCS County program shall promulgate new or revised policies and procedures to comply with this CCS NL, and provide copies of such policies and procedures to the Department of Health Care Services (the Department) for review and approval within 90 days of the date on this CCS NL. The county shall notify the Department of any revisions to the approved policies and procedures. The Department will approve as appropriate.

Notice to Members

The County shall issue within 30 days a notice to every CCS eligible Medi-Cal beneficiary who is EPSDT eligible and for whom CCS has currently approved PDN services explaining that the CCS County program has primary responsibility for case management of PDN services. The notice shall:

- Describe the case management services available to the CCS member in connection with PDN as set forth in this NL, and explain how to access those services.
- Explain that if the CCS member is also enrolled in a Managed Care Health Plan (MCP), they may also request case management services from the MCP.
- Explain that if the CCS member is also enrolled in the Home and Community Based Alternatives Waiver, the member may also request case management for approved PDN services the member desires to utilize from the assigned Waiver Agency.
- Include a statement that the CCS member may:

1. File grievances with their CCS county program to address difficulties in

receiving PDN services, or dissatisfaction with case management services or PDN services;

2. File a Medi-Cal hearing as provided by law; or
 3. Email the Department of Health Care Services directly at EPSDT@dhcs.ca.gov.
- Include a statement that if the member has questions about their legal rights regarding PDN services, they may contact Disability Rights California at (888) 852-9241.

If you have any questions regarding this NL, please email EPSDT@dhcs.ca.gov.

Sincerely,

Evelyn Schaeffer, Division Chief
Integrated Systems of Care Division